

ANSWER

CASE NUMBER _____

STATE OF ARKANSAS

IN THE DISTRICT COURT OF SEBASTIAN COUNTY
GREENWOOD DIVISION

Sebastian County
Greenwood Division

STATE OF ARKANSAS

PLAINTIFF

STREET ADDRESS

CITY STATE ZIP

TELEPHONE

VS.

DEFENDANT

A copy of your answer must be filed with the court and a copy delivered or mailed to the plaintiff or his attorney (if applicable).

CHECK ONE:

- A. _____ I admit everything in the complaint and do not want a trial.
- B. _____ I admit that I am responsible, but not for the total amount claimed by the Plaintiff(s).
- C. _____ I deny that I am responsible at all.
- D. _____ I deny that I am responsible at all, in fact the plaintiff is the one at fault. (Contact the Court Clerk to File a counterclaim form.

If you checked "B" or "C", briefly explain the reasons for your answer:

I STATE THAT THE INFORMATION CONTAINED IN THIS ANSWER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE SENT A COPY OF THIS ANSWER TO THE PLAINTIFF AT THE ABOVE ADDRESS.

DATED: _____

SIGNATURE OF DEFENDANT

ADDRESS OF DEFENDANT

CITY STATE ZIP

KEEP A COPY OF THIS ANSWER AND BRING IT TO COURT
COMPLETE THIS ANSWER AND MAIL THE ORIGINAL TO:

TELEPHONE
DISTRICT COURT CLERK
GREENWOOD DIVISION OF SEBASTIAN CO
P.O. BOX 925
GREENWOOD, AR 72936